ISF021 R (5/98)



INTEGRATED STATEWIDE INFORMATION SYSTEM AGENCY GROUP SETUP - AFS

						ACTION:		
						New Agency Group		
						Change Ag	gency Group	
						Delete Agency Group		
					L			
Agency/Dept. Name (Please Print):		Agency Representative Name:						
Agency Group Number:		Title:						
Work Telephone:	Appointing Authority Name:							
Work Mailing Address:			Title	:				
AGENCY GROUP:		AGENCY NAME:						
AFFECTED AGENCIES:						i !		
	}				/ ! !	- 		
					/			
	<u>; </u>				<u> </u>	<u>:</u>	i	
	Au	thorization t	o Assign Ag	gency Group	p			
	(To be completed	by Agency Security	Administrator or r	epresentative of A	ppointing Author	rity)		
I verify that the agency group ass	ignment defined above	is accurate and comr	olete. Lunderstand t	hat this agency gro	oun assignment n	rovides permissions	s to valuable data	
and automated resources. I und	erstand that the use of	he agency group ass	signment will be me	onitored and that a	all employees wit	h this agency group	assignment are	
accountable for how it is used. permitted by protecting the confi								
assignment change, that I am to	contact the Division of	Administration SIS S	Security Administra	ator within one wo	rking day of the	change in agency gr	oup assignment.	
Agency Security Administrator								
Name (Please Print)								
Title				Telephone				
Signature				Date				
I verify that all information that a			e.					
Agency Liaison Signature				Date				
SIS Use Only:								
Signature:	·							



AGENCY GROUP SET-UP - AFS ISF021 FORM INSTRUCTIONS

Rev. 5/98

Agency/Dept. Name: The name associated with the agency group number specified below.

Agency Group Number: The number designating the agency group named above.

Work Telephone: Work telephone number where agency representative can be reached.

Work Mailing Address: Address where information is to be mailed to the agency representative.

Agency Representative Name: Name of Agency Security Administrator or representative of Appointing

Authority who is authorized to complete this form.

<u>Title:</u> Title of the position occupied by the agency representative named above.

Appointing Authority Name: Name of the person responsible for the agency group who is authorized to

define the agency group assignment.

Title: Title of the position occupied by the appointing authority.

Action (box): Check only one of the following.

New Agency Group Establishes a new agency group assignment.

Change Agency Group Changes agency group assignment or affected agency group assignment.

Delete Agency Group Deletes existing agency group assignment.

Agency Group Set-Up:

AGENCY GROUP: Enter the number for the agency group within your department to be

associated with the affected agency or agencies listed below.

AGENCY NAME: Enter the name corresponding to the agency group number entered above.

AFFECTED AGENCIES: Enter the agencies affected by the agency group listed above.

ISF021 form **MUST** be signed and dated by the Agency Security Administrator or Representative of the Appointing Authority and the Agency Liaison.

The authorization section must be completed by the Agency Security Administrator before a new Agency Group number will be established, or the information about an existing one, changed.

The form should be verified for accuracy and legibility and the verification section should be completed by the Agency ISIS Liaison before a new agency group assignment will be established, or the information about an existing one, changed.